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Effectiveness of Sexual and Communicative Skills on Sexual Function in Breast Cancer

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Abstract

The purpose of this study is to compare the effectiveness of sexual and communicative skills training on the improvement of sexual function of women infected by breast cancer. 53 patients suffering from breast cancer was selected from among the cancer sufferers hospitalized in Tehran Hospitals and divided randomly in three groups including sexual skills training, communicative skills training and control group. The experimental groups separately underwent eight sessions of sexual and communicative skills training. Analysis of covariance showed that the both sexual and communicative skills training comparing to control group improve the sexual function of women infected by breast cancer, but no significant difference in sexual function improvement is observed between two experimental groups.

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1. Introduction

The sexual desire is the potency motivation in the human. Whilst within the previous years the number of wives and husbands who intended to meet their sexual needs (Kaplan, 1987) or reported the sexual problems as the cause for their separation (Bolhari et al., 2012) has been increased year to year, it seems unlikely that this reflective increase to be resulted from increase of sexual problems occurring. It seems change in the social attitudes and

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achieving the resources and services and increase of people's consciousness's of sexual processes, sexual skills and communicative skills are deemed as the agents of these dissatisfactions. Mass media directly or indirectly propound this message that the sexuality is an important part of communication and each person particularly the women should achieve the sexual pleasure, arousal and orgasm (Kaplan, 1987). Today, the women and men experience the sexual desire more different and react thereto (Basson et al., 2000). Physical diseases, side-effects of drugs, communicative problems, emotional and psychological factors of spouses doubtless affect their sexual activities (Vaziri & Lotfi Kashani, 2012); the activity that more than 75% of women evaluate it as a middle to important subject in their life (Cain et al., 2003), whilst many of diseases such as breast cancer and its treatments have negative effect on women's sexual function (Arora et al., 2001; Sbitti et al., 2011; Melisko, Goldman, & Rugo, 2010; Avis, Crawford, & Manuel, 2005) and reduce the quality of their life (Gilbert, Ussher, & Perz, 2010; Altman, 2009). On the other side, this dissatisfaction intensifies the communicative problems with the spouse and damages the mental health of woman. When the spouses experience the sexual problems, annoyance, violence and misunderstanding are increased. These stressful factors infect a lot of communication aspects and exacerbate the sexual problems (Webber et al., 2011). This subject is one of the important causes for almost equal share of vaginal dryness, chemotherapy and having a new partner with communication quality and sexual problems in sexual partners of these women, in their satisfaction (Gilbert et al., 2010). In the meantime, fear from losing the fertility, negative body image and lack of sexual attraction feeling, losing the womanhood, depression, anxiety and change in the sexual self-reliance sensation (Ganz, Desmond, Belin, Meyerowitz, & Rowland, 1999) in these women complicate their problem and cause they experience the relational strain and feel their husband is not available emotionally (Hickey, Emery, Gregson, Doherty, & Saunders, 2010). Vaginal dryness has been known as the most prevalent (Walsh, Manuel, & Avis, 2005) and important predictor of sexual problems in women infected by breast cancer (Dizon, 2009; Schover, 2008; Wiggins, Wood, Granai, & Dizon, 2007; Broeckel, Thors, Jacobsen, Small, & Cox, 2002). It is obvious that vaginal dryness and reduction of vagina moisturizing in these women creates sexual pain. The observations show that the sexual desire of a woman may be reduced due to the pain or completely avoids from sexual relation. Also, during the sexual relation, the brain's awareness of vaginal pain may lead to the physiologic responses such as vaginal muscles stiffing and reduction of its moisture and consequently intensifies the sexual pain in a defective cycle (Webber et al., 2011). The sexual pain affects the other elements of sexual function as well. The results of study applied by Dunn & Croft (2000) indicated that dyspareunia and arousal problems are effective on the sexual dissatisfaction. Arousal problems may be resulted from lack of inadequate physiologic protection for vessels flushing, inadequate mental and physical stimulation, fear from pain etc (Derzko, Elliott, & Lam, 2007). On the other hand, if appropriate interventions are applied in arousal, the capability of reaching to orgasm is increased in women. According to Masters & Johnson (1966) linear model of sexual response describing models, the arousal is created and is culminated in orgasm. Sexual function among all problems involving the patients infected by cancer requires further attention and care. The researches have showed that the most effective interventions in this context are mental-training interventions including training the skills such as problem solving, communicative skills, consultation, hypnotism, specific sexual training and treatments (Taylor, Harley, Ziegler, Brown, & Velikova, 2011). The findings indicated that the quality of sexual life in the survivors of breast cancer may be improved by means of sexual life renovation program there in relational, psychological and physical elements (sexual health elements) are emphasized provided that they are based on the spouse, the clients are referred sooner and training to be continued in a longer period (Jun, Kim, Chang, Oh., et al., 2011).

2. Materials and Methods

This study was a semi-experimental research, comparison between pre-test and post-test by control group and random sampling. In this survey, 53 persons were selected by convenient sampling out of the population consisted of women infected by breast cancer of Tehran hospitals (Iran, 2013) who were below 60, married, of high school or higher diploma, had mastectomy surgery or infected by breast deformation, and at least 3 months passed over their last chemotherapy and didn't participated in training and counselling programs in the past, and after awareness of method and its objectives and ensuring from data confidentiality entered into research upon obtaining the satisfaction and selected randomly in three groups of sexual skills training, communicative skills training and control group. The experimental groups received the sexual skills and communicative skills training for 8 sessions separately. During this period, the control group didn't receive any intervention. Disorder in sexual function of all three groups was assessed at the beginning and end of training. Sexual function of examinees was tested by female

sexual function index (Rosen, Brown, Heiman, et. al. 2000). This questionnaire includes 19 items that assesses six factors of women's sexual function including sexual desire, sexual stimulation, vagina moisturizing, orgasm, sexual satisfaction and sexual pain. It provides a score for each subscale as well as a total score for the whole questionnaire. The reliability factor of this tool has been reported in the study of Rosen et al. (2000) equal to 0.89. In this paper, the Iranian version of questionnaire was used; therein the reliability coefficient calculated by Mohammadi, Heydari, & Faghihzadeh (2008) has been reported equal to 0.70. Considering the nature of measurement, to compare the pre-test and post-test values, analysis of covariance was provided. The data was analysed using SPSS v16.

3. Results

In table (1), the descriptive elements of examinees' scores have been provided for sexual function.

Table 1: Descriptive elements of test and control in pre-test and post-test

Groups	M	Sd
Pre-test (Sexual skills)	37.71	13.425
Pre-test (Communicative skills)	40.00	11.627
Pre-test (control)	37.00	13.642
Post test (Sexual skills)	42.41	14.178
post-test (Communicative skills)	44.11	10.975
post-test (control)	34.56	12.833

Analysis of covariance (table 2) has been provided to determine that if the trainings have had significant effect on the sexual function post-test scores of test groups or not. Normality and uniformity of variance of dependent variable was accepted by Leven's test ($F=407$, $p=.668$). The analysis of regression homogeneity shows that the interaction between the conditions and pre-test is not significant ($F=1.727$, $p=.189$), as a result, the data supports the homogeneity of regression gradients.

Table 2. Summary of analysis of covariance for examination of interventions effect on the sexual function

Source	SS	df	MS	F	Sig.	Eta.
Pre-test	6821.591	1	6821.591	412.283	.000	.894
Group	621.502	2	310.751	18.781	.001	.434

The summary of analysis of covariance shows that through eliminating the pre-test scores effect, the main effect of interventions on the post-test scores of test groups' sexual function is significant. In fact, the sexual skills training and communicative skills training the both result in the improvement of examinees' sexual function ($F=18.781$, $p=0.001$, Partial $\eta^2=0.431$). The adjusted mean values of sexual function (table 3) show that the control group has sexual function lower than both groups and no significant difference has been observed in the effectiveness of two sexual skills training and communicative skills training methods on the sexual function.

Table 3. Adjusted mean values of sexual function in post-test

Group	M	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
Communicative skills	42.604 ^a	.962	40.671	44.536
Control	35.542 ^a	.960	33.613	37.471
Sexual skills	42.964 ^a	.987	40.980	44.947

4. Discussion

The objective of this study was to determine the effectiveness of two interventions including sexual skills and communicative skills training on the sexual problems of women infected by breast cancer and comparison between them. The findings indicated that both trainings of sexual skills and communicative skills were effective on the improvement of sexual function of women infected by breast cancer and statistically significant difference was observed in the sexual function of experimental groups. The summary of previous researches showed that interventions including at least two communicative and sexual elements reflect more effect. Taylor et al. (2011) have deemed the mental-training interventions as the most effective spouse-based interventions along with a sex therapy element that are formed based on the skills such as communicative skills and problem solving. June et al. (2011) concluded that the quality of sexual life in survivors of breast cancer may be improved through sexual life renovation programs focusing on physical, mental and communicative factors of sexual health. The extant paper demonstrated that sexual training and communicative skills each one solely is effective on sexual function improvement and no significant difference has been observed in the effectiveness of two sexual skills training and communication skills training methods on the sexual function. In fact, for some spouses, diagnosis of cancer leads to exacerbation of previous problems (Anllo, 2000) and spouses' relation is damaged considerably during the cancer treatment (Hickey et al., 2010). Hence, whereas the cancer and its treatments affect the dynamics of marital relations negatively, change in the sexual life of this group is predictable. Mental-sexual treatment for the patient solely or together with the spouse may increase the sexual activity through improving the specific mental and interpersonal factors such as relational distress, long-term abstain from sexual relation and inefficient communicative pattern (Goldstein, 2007). It seems that the communicative skills training learns the patients how to communicate with their spouse and acquaintances effectively and how to show their enthusiasm, understand the demands of their sexual partner and create positive motivation in themselves; the subjects which have been accepted in the previous researches somehow (Basson, 2005; Basson, 2000; Pascoal, Narciso & Pereira, 2013).

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